

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45025

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5761		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow <i>Monroe Twp.</i>		c. LENGTH OF STAY (in this place) 41 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow		5890	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) ALBERT		c. (Last) VANSTANE		4. DATE OF DEATH December 15 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 14, 1875	
9. AGE (in years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Lumber Yd.		11. BIRTHPLACE (City and State or Foreign Country) Utica, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William H Vanstane		13b. MOTHER'S MAIDEN NAME Pauline Fortune		14. NAME OF HUSBAND OR WIFE Etta Maude Beiler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Sturwoldt; ADDRESS Ludlow, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 177X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 15, 1957, to Dec 15, 1957, that I last saw the deceased alive on Dec 8, 1957, and that death occurred at 7:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph R. Conrad M.D. (Degree or title)				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Dec 16 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-57		24c. NAME OF CEMETERY OR CREMATORY Monroe Cemetery		24d. LOCATION (City, town, or county) (State) Ludlow Missouri	
DATE REC'D BY LOCAL REG. 12-16-57		REGISTRAR'S SIGNATURE Francis B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Joseph M. Giben*

Licensed Embalmer No. 4769

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.